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ABSTRACT

In October 1989, the Division of Applied Research of the National Institute on Drug Abuse (NIDA) convened a panel of experts to assess whether the basic principles and approaches that have been used in the development of workplace drug abuse programs and community acquired immune deficiency syndrome (AIDS) education programs can be applied to addressing employer and employee needs regarding human immunodeficiency virus (HIV)/AIDS in the workplace. This document lists NIDA workgroup members, examines the issues addressed by the workgroup, and discusses workgroup recommendations. A section on background looks at HIV in the United States, AIDS in the workplace, various workplace responses and approaches, and drugs in the workplace. A section on issues addressed by the workgroup includes discussions of the economic impact of HIV/AIDS, the need to develop resources for small businesses, employee assistance programs, intervention strategies, barriers to developing workplace initiatives, the interface of HIV infection and drug abuse, evaluation, and future issues. The section on recommendations poses three basic questions still to be answered: (1) what interventions are actually delivered; (2) whether the interventions make a difference; and (3) what interventions or variations work better. References and a list of resources are included. Discussions of corporate, union, and federal initiatives are appended. (NB)

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National Institute on Drug Abuse

AIDS/HIV Infection and the Workplace

NIDA Workgroup Report

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

CG023358

AIDS/HIV INFECTION AND THE WORKPLACE

NIDA Workgroup Report

Department of Health and Human Services
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

Acknowledgment

John F. Bunker, Sc.D., M.H.S., The Circle, Inc., under contract to the National Institute on Drug Abuse, served as the liaison and coordinator for this workgroup of experts representing academic institutions, unions, businesses, employee assistance program professionals, and medical institutions, and synthesized in this report the ideas that developed from the workgroup meeting. The Institute gratefully acknowledges the contributions of Dr. Bunker and the workgroup participants.

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PREFACE

In October 1989, the Division of Applied Research of the National Institute on Drug Abuse (NIDA) convened a panel of experts to assess whether the basic principles and approaches that have been used in the development of workplace drug abuse programs and community acquired immune deficiency syndrome (AIDS) education programs can be applied to addressing employer and employee needs regarding human immunodeficiency virus (HIV)/AIDS in the workplace.

Panel members were selected for their expertise in drugs in the workplace, HIV/AIDS program development, and employee assistance programs. The purpose of the group was to identify the major topics and issues that must be considered in designing and implementing workplace responses to HIV/AIDS. Consensus was not sought. Rather, the aim was to obtain general agreement on the major issues and recommend options for program development to be considered by private sector employers, employee labor organizations, and Federal, State, and local governments.

NIDA's primary interest[1] was to review what had been done and what lessons had been learned about responding to drugs in the workplace and what can be applied to program development concerning AIDS in the workplace. Some believe that perhaps 75 percent of the organizational development, employee education, and program planning activities are the same in the two topical areas, while others disagree. Since the focus was on broad program development issues, an indepth look at the various medical and epidemiological issues was not attempted except as they became important considerations for policy decisions.

Part of the purpose of the workgroup was to find where the Nation is on the time/comfort continuum regarding AIDS issues in the workplace. The convening of the expert panel was seen as the first step in the development of a blueprint or strategy paper to be used for program planning purposes nationally.

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1 Within the Division of Applied Research, two major programmatic components have national leadership responsibilities in areas relevant to the topic of the workgroup. The Workplace Policy Research Branch provides guidance and oversight related to policies concerning drugs in the workplace to Federal agencies and other public and private sector employers and employees. The Community Research Branch oversees NIDA's AIDS education and training programs, with a specific focus on drug abusing populations.

WORKGROUP MEMBERS

Michael Eriksen, Sc.D., Facilitator
Director, Behavioral Research Program
Dept. of Cancer Prevention & Control
M.D. Anderson Hospital
6723 Bertner Avenue
Houston, TX 77030

Thomas Backer, Ph.D.
Human Interaction Research Institute
1849 Sawtelle, Suite 101
Los Angeles, CA 90025

John F. Bunker, Sc.D.
The Circle, Inc.
8201 Greensboro Drive, Suite 600
McLean, VA 22102

Thomas J. Delaney Jr.
Executive Director
Employee Assistance Professionals Association
4601 N. Fairfax Drive, Suite 1001
Arlington, VA 22203

Yvonne Ellison-Sandler
Director of Employee Assistance
Levi Strauss & Co.
P.O. Box 7215 - Levi's Plaza
San Francisco, CA 94120

Henrick Harwood
Staff Officer
National Academy of Sciences
Room IOM113
2133 Constitution Avenue, N.W.
Washington, DC 20418

Robert Lange, M.D.
Chief, Medical Branch
Division of Commissioned Personnel
Parklawn Building, Room 4A-07
5600 Fishers Lane
Rockville, MD 20857

Bryan Lawton, Ph.D.
Vice President & Director
Employee Assistance Services
Wells Fargo Bank
P.O. Box 63750
San Francisco, CA 94163

Dr. Dale A. Masi
President Masi Research Consultants, Inc.
Watergate 180
600 New Hampshire Avenue, N.W.
Washington, DC 20037

Dan Merrigan, Ed.D., M.P.H.
Professor - School of Public Health
Boston University
85 E. Newton Street, Suite M-186
Boston, MA 02118

Ted Miller
Assistant Director
General Motors Department
International Union, UAW
UAW/GM Human Resources Center
2630 Featherstone Road
Auburn Hills, MI 48057

Karen Nuewald
Department of Personnel Administration
Legal Division
1515 S Street, North Building
Suite 400
P.O. Box 944234
Sacramento, CA 94244-2340

Patricia R. Singletary
Vice President for Human Resources
Fannie Mae
3900 Wisconsin Avenue, N.W.
Washington, DC 20016

William W. Weddington, M.D.
Medical Officer, Research Psychiatrist
Community Research Branch
Division of Applied Research
National Institute on Drug Abuse
5600 Fishers Lane, Room 10A-46
Rockville, MD 20857

National Institute on Drug Abuse Staff

J. Michael Walsh
Director, Division of Applied Research

Jeanne Trumble
Chief, Workplace Policy Research Branch

Jim Lipairi
Section Chief, Employee Assistance Programs

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AIDS is on the verge of becoming a multibillion dollar a year problem for American business – just in terms of lost productivity. These costs will be passed on to corporations and individuals. So it makes sense from a purely practical point of view to invest time and money in the effort to deal with this social issue. And these economic considerations add to – not detract from – our very human response to the suffering associated with AIDS.

Richard J. Haayen, Chairman & CEO
Allstate Insurance Company
October 13, 1987

A recent survey of U.S. executives ranked AIDS as the third most pressing problem facing the United States, behind the federal deficit and drug abuse. Yet only seven percent of all corporations have an AIDS policy. It's time now for businesses to act.

Ann McLaughlin, Former Secretary,
Department of Labor
January 9, 1989

BACKGROUND

Acquired immune deficiency virus syndrome (AIDS) has become a worldwide pandemic of vast proportions. As of February 1990, 222,740 cases of AIDS had been reported to the World Health Organization (WHO) by more than 150 industrialized and developing countries. Because of underreporting, the actual number may be closer to 600,000 cases. WHO estimates that between 8 and 10 million people are infected with the human immunodeficiency virus (HIV) that causes AIDS and that by the year 2000, 15 to 20 million people around the world could be infected with HIV.

A consultation on AIDS and the workplace, convened in Geneva, Switzerland, by WHO on June 27-29, 1988, concluded that HIV infection and AIDS represent an urgent worldwide problem for the workplace, with broad social, cultural, economic, political, ethical, and legal impact (WHO 1988, 1990). Consultation participants found that the workplace plays a central role in the lives of people everywhere and that a consideration of AIDS in workplace issues would strengthen the capacity to deal effectively with the problem of HIV/AIDS at the local, national, and international levels. There is a growing awareness among business and union leaders that an international approach to HIV/AIDS and workplace issues is required to effectively address sensitive issues such as immigration, naturalization, and the right to work.

The vast majority of occupations and work settings do not involve any risk of acquiring or transmitting HIV infection between workers, from worker to client, or from client to worker. The consultation concluded that preemployment HIV/AIDS screening to assess fitness to work is unnecessary and should not be required. Screening refers to direct (HIV testing) and indirect methods (assessment of risk behaviors, questions about HIV tests already taken). Preemployment HIV/AIDS screening for insurance or other purposes raises serious concerns about discrimination and merits close and further scrutiny. The consultation also addressed confidentiality, discrimination, insurance benefits, first aid, and several other significant management issues related to HIV infection in the workplace.

A Second Consultation on Public Education and AIDS Prevention in November 1988 also sponsored by WHO, reached very similar conclusions regarding both policy and employee education programs focusing on HIV infection in the workplace. These included recommendations that workplace AIDS education should be organized by the employer, who should consult involved employees or their representatives in the development and implementation of education programs. An important objective of workplace education should be to prevent discrimination against persons with HIV and AIDS in the workplace and in society at large.

HIV in the United States

The overall dimensions of the current HIV/AIDS epidemic in the United States are difficult to determine because most persons infected by HIV are asymptomatic for several years after their infection. At present, no reliable data exist on the current prevalence of HIV infection in the United States (National Research Council 1989).

Weekly data from the Centers for Disease Control (CDC) report past and current cases of AIDS. As of June 30, 1990, 139,765 cases of AIDS had been reported to CDC, 85,430 of whom had died (CDC 1990*b*). During 1989, State and territorial health departments reported 35,238 cases (14 per 100,000 population) of AIDS to CDC (table 1). Rates were highest for blacks and Hispanics, for persons 30-39 years of age, for men, in the Northeast region and in U.S. territories (primarily in Puerto Rico), and in the largest metropolitan areas.

The number of AIDS cases reported was 9 percent higher in 1989 than in 1988. As in previous years, most reported cases occurred among homosexual/bisexual men and among heterosexual intravenous (IV) drug users (table 2). Another 1,562 cases were attributed to heterosexual contact, a 27-percent increase over 1988 figures. Cases involving transmission from mothers to newborns increased 17 percent, and the number of cases among women increased 11 percent. Cases attributed to IV drug abuse showed a 5-percent increase over 1988 (CDC 1990*a*).

When 1989 and 1988 were compared based on cases diagnosed in comparable periods (October 1-September 30), proportional increases among both blacks and Hispanics exceeded the increase for whites; the percentage increase for women was substantially greater than that for men; the percentage increase for heterosexual IV drug

Table 1.—Characteristics of reported persons with AIDS in the United States, 1989 and 1988

Characteristic	1989 reported cases	Percent	Rate*	1988 reported cases
Sex				
Male	31,307	88.8%	25.8	28,654
Female	3,931	11.2	3.1	3,542
Age (years)				
<5	525	1.5	2.8	465
5-9	92	0.3	0.5	100
10-19	150	0.4	0.4	154
20-29	7,002	19.9	16.8	6,646
30-39	16,270	46.2	39.1	14,780
40-49	7,637	21.7	25.8	6,781
50-59	2,525	7.2	11.3	2,226
≥60	1,037	2.9	2.5	1,044
Race/ethnicity†				
White, non-Hispanic	18,689	53.0	9.8	17,248
Black, non-Hispanic	10,316	29.3	36.4	9,128
Hispanic	5,813	16.5	26.4	5,511
Asian/Pacific Islander	229	0.6	4.5	195
American Indian/ Alaska Native	61	0.2	3.2	32
Region				
Northeast	10,718	30.4	21.3	11,574
Midwest	3,436	9.8	5.8	2,919
South	11,053	31.4	13.0	9,091
West	8,515	24.2	16.8	7,324
U.S. territories	1,516	4.3	40.5	1,288
Population size of metropolitan area				
<100,000**	2,799	7.9	5.1	2,067
100,000-499,999	3,758	10.7	8.1	2,853
500,000-999,999	3,968	11.3	10.8	3,661
>1,000,000	24,713	70.1	22.9	23,615
Total	35,238	100.0	14.1	32,196

Source: *Morbidity and Mortality Weekly Report* 39(5):82, 1990.
* Per 100,000 population.
† Excludes persons with unreported race/ethnicity.
**Includes nonmetropolitan areas.

Table 2.—HIV exposure group in the United States, 1989 and 1988

Characteristic	1989 reported cases	Percent	1988 reported cases
Homosexual/bisexual men	19,652	55.8%	18,130
Intravenous drug users			
Women and heterosexual men	7,970	22.6	7,580
Homosexual/bisexual men	2,138	6.1	2,129
Persons with hemophilia			
Adult/adolescent	295	0.8	300
Child	26	0.1	39
Transfusion recipients			
Adult/adolescent	768	2.2	869
Child	40	0.1	66
Heterosexual contacts	1,562	4.4	1,229
Persons born in countries where heterosexual transmission predominates	392	1.1	374
Perinatal	547	1.6	468
No identified risk	1,848	5.2	1,012
Total	35,238	100.0	32,196

Source: *Morbidity and Mortality Weekly Report* 39(5):82, 1990.

users exceeded that for homosexual/bisexual men; cases due to perinatal HIV transmission had the largest increase among HIV exposure groups. Cases among adult transfusion recipients and persons with hemophilia did not increase as rapidly as in earlier years and may have reached or neared their peaks. Cases associated with heterosexual IV-drug use, heterosexual contact, and perinatal transmission continued to increase.

The impact of HIV/AIDS on major American cities continues to escalate, as AIDS is fast becoming the worst epidemic of the century in New York City (New York Times 1990). The disease has already claimed the lives of more than 6,000 men, women, and children, and health officials suspect the actual number is higher than medical records show. The confirmed deaths are the most from any infectious epidemic since 20,700 New Yorkers died of influenza 70 years ago. Epidemiologists predict that the cumulative AIDS deaths will surpass that mark within a year. Citywide, AIDS is now the third leading cause

of death, next only to heart disease and cancer. Twice as many New Yorkers died of AIDS last year as were murdered. An average day records 12 AIDS deaths and 17 new diagnosed cases. New York still has more cases than any other city in the world, and city officials project that without a cure deaths could rise to 48,000 by 1993. The upper limit could be higher still, since 125,000 to 235,000 New Yorkers are estimated to be infected with HIV, most without apparent symptoms. According to New York City estimates, it cost about $980 million to treat AIDS patients in 1989, and those costs are expected to double by 1992.

The number of AIDS cases in the United States is expected to increase by about 10,000 per year to 80,000 in 1992. These figures are still underestimates from the true magnitude of HIV morbidity, since many clinical manifestations of HIV infection are not reportable, even under the current AIDS cases definition (Institute of Medicine 1988).

In June 1989, GAO reported that current forecasts understate the extent of the epidemic primarily because of biases of the underlying data. The GAO (1989) estimates that a more realistic range would be 300,000 to 480,000 cumulative cases by 1991. This compares with CDC's estimate of 200,000 to 325,000 cases through 1991. This underestimation may have critical implications for the future financial and social costs of the HIV epidemic as well as the resources necessary to manage and deliver health care services to people with HIV illnesses.

AIDS in the Workplace

In the United States, public officials, private sector employers, and labor unions are all struggling with the many challenges of formulating workplace responses to HIV infection and AIDS. The impact of HIV infection on the U.S. workplace from medical, legal, economic, public relations, and human resource standpoints is enormous. By some estimates, in 1991, AIDS is expected to cost employers several billion dollars in lost productivity, turnover, increased insurance benefits, and other direct and indirect economic losses (Scitovsky and Rice 1987; Backer 1988).

The majority of employers in both the public and private sectors have yet to develop programs or guidelines to address this issue. Small businesses in particular remain unaware, for the most part,

of the challenges of HIV, although they may be significantly affected because of the size of their work forces, their small profit margins, and their inability to absorb major increases in health insurance costs for an employee with HIV-related diseases. Many employers are reluctant to consider policies regarding HIV-infected workers because the epidemic has not yet affected their work forces. They fear publicity associating their business with HIV infection will cause disruption among their work forces and drive customers away.

The AIDS epidemic raises a complex series of legal issues for U.S. employers. These include hiring, promotion, assignment, transfer practices, employee benefits, leave policies, the impact of customer and coworker reactions, preemployment testing for HIV, decisionmaking procedures for dealing with medical information about employees, and the circumstances for terminating employees. A number of lawsuits have been filed against employers, ranging from workers with AIDS and HIV infection who claim that they have been unfairly discriminated against to actions involving customers or coworkers who fear exposure to HIV infection (Backer 1988). Employers' responses to growing concerns about AIDS vary considerably in the United States and often depend on the geographic location of the business, the level of AIDS awareness in the community, the nature of the business, and the knowledge and attitudes of senior management.

Workplace Responses and Approaches

The Presidential Commission on the HIV Epidemic, after hearing testimony from representatives of business, labor, and citizens organizations regarding AIDS policy and education in the workplace, submitted their report to then President Reagan on June 24, 1988. The Commission concluded that fear and misunderstanding about HIV infection have been the underlying cause of much of the anxiety, hostility, and discrimination shown toward HIV-infected individuals in the workplace. Education is one of the most formidable weapons for attacking this fear and ignorance and for maintaining a clam work environment, as well as stopping the spread of HIV infection (Watkins 1988).

The Commission identified two specific obstacles to progress to AIDS education in the workplace. First, a lack of information about HIV infection has prevented implementation of rational solutions to

workplace issues and problems. Second, education programs that are not tailored to the concerns of the employees and do not reflect the culture of the business environment have little chance of success.

The Commission recommended that employers take a personal and active role in providing both management and employees with information about HIV and its transmission. Employers should also work with employee representatives, as well as area HIV education and health experts, to tailor the HIV information program to the needs of the workforce.

In the United States, workplace AIDS initiatives have focused primarily on policy development and education to address HIV-related issues. A number of recent surveys of corporate responses to AIDS have found that only 4 to 10 percent of U.S. employers have established formal policies to address AIDS-related issues in the workplace (Sprinzen 1988; Philadelphia Commission 1988; Alexander and Alexander 1987). Among 273 companies responding to a 1987 survey of the American Society for Personnel Administration, one-third acknowledged having workers with AIDS, but fewer than 10 percent of the companies had implemented policy and education programs about AIDS in the workplace (Few companies have...1987).

Alan Emery and Sam Puckett (1988), in their book *Managing AIDS in the Workplace*, described five policy options that U.S. workplaces have undertaken. They include (1) the "ostrich syndrome" and (2) the "wait and see" approach reflective of corporations that have not formally responded to the HIV epidemic. A small minority of companies have instituted (3) life-threatening illness policies, (4) AIDS-specific policies, or (5) a deliberate no-policy approach that addresses AIDS-related issues in a compassionate, rational manner without developing new policies.

The development of appropriate and rational AIDS in the workplace policies in the United States usually follows a strategic planning model (Backer 1988; Puckett and Emery 1988; Allstate Insurance 1987). This includes assigning a task force to review critical issues, identifying internal and external resources, assessing corporate needs and policies, gaining senior management support, developing a draft policy for review, assigning implementation tasks, implementing the policy and education program, and then evaluating the policy and educational programs.

Workplace AIDS education initiatives have centered on two strategies. The first has been consortia-model approaches such as task forces or special projects that utilize the resources and talents

of several business organizations. Second, individual company programs have initiated AIDS education programs for their organizations. An example of six AIDS education task forces or special projects are described in appendix A.

Effective AIDS education programs include a clear statement of goals and objectives with up-to-date and factual medical content (Puckett and Emery 1988; Allstate Insurance 1988; Klein 1988; American Foundation 1987). A credible source is critical for the dissemination of this often complex and sensitive information. Multiple strategies include the use of newsletters, company communication programs, videotapes, pamphlets, posters, and education programs at the worksite. Appropriate materials are selected to address the needs of men, women, ethnic groups, and other specific target audiences. Corporate commitment includes the allocation of appropriate resources, energy, and time to provide a comprehensive education program. Unfortunately, the majority of organizations have not conducted comprehensive program evaluations, but many attempt to get immediate feedback after the sessions. An effective education program is considered an ongoing process, with a long-term commitment to update employees on new information and to schedule annual education programs.

In general, unions have four major concerns about AIDS in the workplace. They monitor infection control programs to be sure that they are adequate and that resources to implement the programs are available to all workers. They ensure that AIDS workplace policies accommodate workers with AIDS and, in particular, that insurance benefits adequately address the needs of infected workers. They facilitate the delivery of quality education programs to union members and their families. All unions guard against the discrimination of members infected with the AIDS virus. (See appendix B for further information on union initiatives.)

Several Federal agencies have developed policy statements covering the management of HIV-infected personnel in the workplace (appendix C). Among the first to issue such guidelines was the GAO.

In summary, the majority of American businesses have not adopted a formal policy in response to the AIDS epidemic. A minority of pioneering corporations have established workplace policies that clearly state that employees with AIDS are entitled to be treated with the same compassion, concern, dignity, and support as are other employees with any life-threatening illnesses. Several excellent resources are available to plan, implement, and evaluate AIDS policy,

employee education, and supervisory training programs in the workplace (see Resources).

Drugs in the Workplace

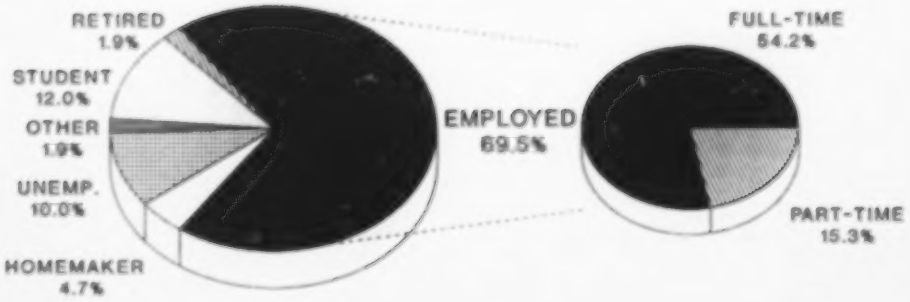
Data from NIDA's 1988 household survey show that 14.5 million Americans are "current drug users" (NIDA 1989). Of these, 69 percent are currently employed (figure 1). In the 20- to 40-year-old full-time employed population, 22 percent had used illicit drugs in the past year, and 12 percent in the past month (figure 2). Nearly one in four of full-time employed 18- to 25-year-old males reported using an illicit drug in the past month; 22 percent reported past month use of marijuana, with 17 percent reporting use of cocaine during the past year (figure 3).

The U.S. Department of Labor, Bureau of Labor Statistics (1989), surveyed 7,500 business establishments across the country to measure the extent of drug programs in the workplace. They found that 20 percent of the Nation's private nonagricultural workers were employed in establishments with some type of drug-testing program, and 31 percent worked for firms with employee assistance programs (EAP) (figure 4). For establishments with more than 5,000 employees, 60 percent had drug-testing programs, and 83 percent had an EAP. The incidence of testing and EAPs increased with the size of the establishment.

Implementing a worksite substance abuse program is technically complicated and demands the balancing of several competing objectives and values. On the one hand, employers are responsible for providing a healthy and safe workplace for all employees, giving their best service/product to the consumer, and protecting the public or shareholders from losses due to drug abuse. On the other side of the equation, employers are responsible to their loyal and trustworthy employees who for the most part are not involved with drugs and for protecting the individual rights, civil liberties, and reasonable expectations of privacy and confidentiality of their employees. This is a challenging balancing act, and the balance will shift depending on the individual worksite and the nature of the positions involved.

The crucible of trial and error appears to have taught us some valuable lessons that can be applied to AIDS in the workplace programs as well. Employers increasingly seem to be committing resources to employee assistance, education, and prevention activi-

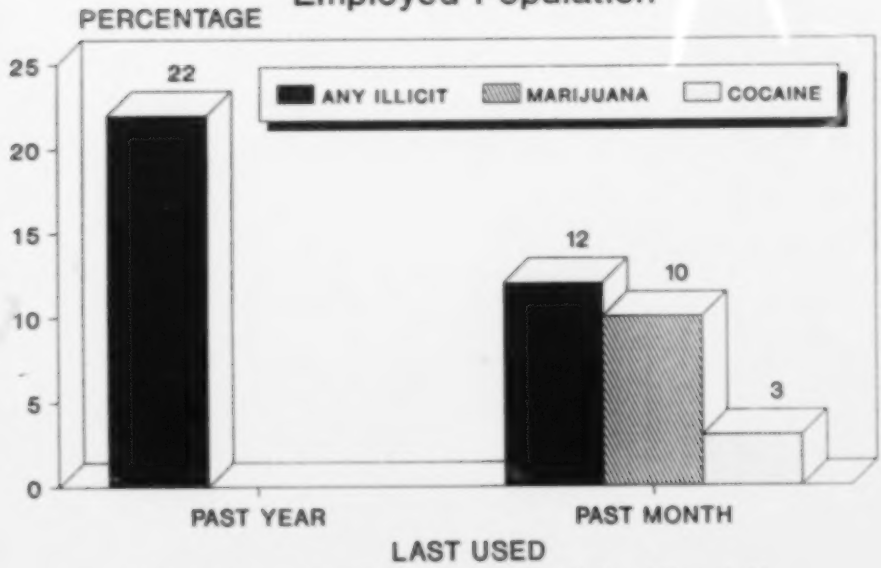
Figure 1
Current (Past Month) Illicit Drug Users
TOTAL • 14,479,000



Source: National Institute on Drug Abuse, National Household Survey on Drug Abuse, 1988

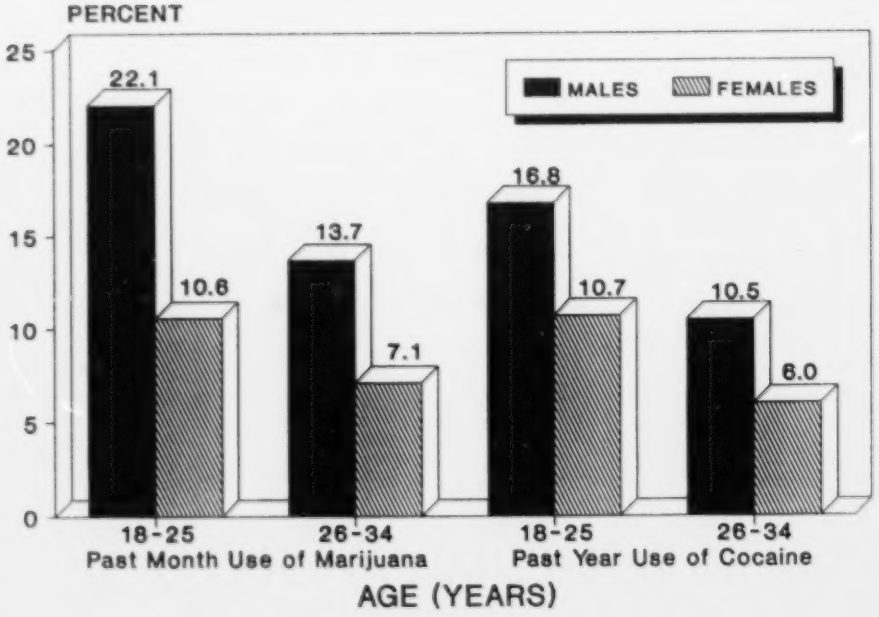
Figure 2

Drug Use in 20 to 40 Year Old Employed Population



Source: National Institute on Drug Abuse, National Household Survey on Drug Abuse, 1988

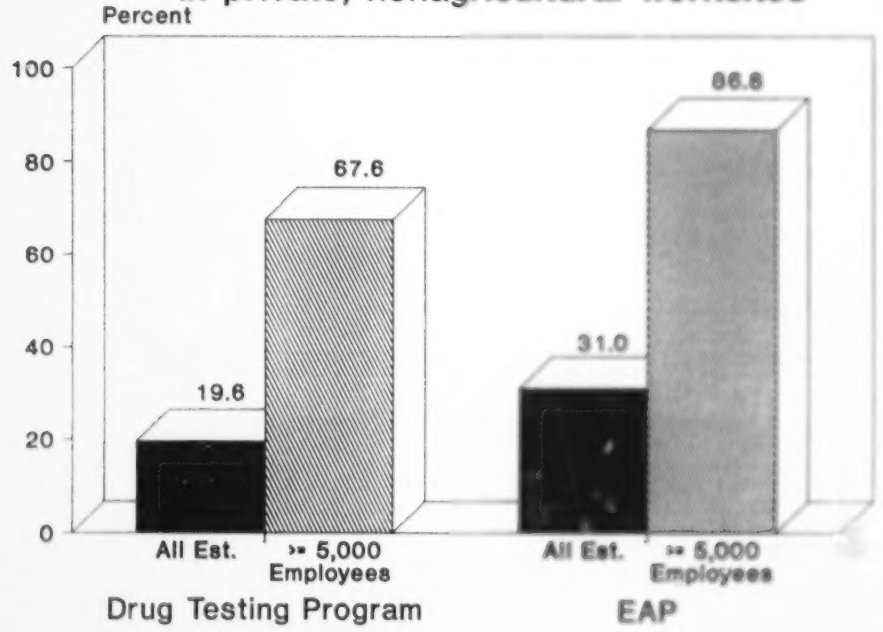
Figure 3
Drug Use Among Full-Time Employed



Source: National Institute on Drug Abuse, National Household Survey on Drug Abuse, 1988

Figure 4

Presence of a drug-testing program or an EAP in private, nonagricultural worksites



Source: U.S. Department of Labor, Bureau of Labor Statistics, Survey of Employer Anti-drug Programs, January, 1988.

ties. They also are learning that overzealous and excessive measures are likely to fare poorly when tested in the courts of law and public opinion. Today's drug-free workplace program has evolved and matured into a positive helping-hand model, where the basic underlying philosophy is to get substance abusing employees into treatment, get them the help they need, and get them back on the job. HIV/AIDS workplace programs can benefit from the experience that employers have acquired managing drug issues in a humane and compassionate manner.

Many similarities appear, on the surface, between drugs in the workplace programs and addressing AIDS in the workplace. Both topics raise several significant human resource policy issues: reasonable accommodation concerns, utilization of EAP services, increased hospitalization and lengthy treatment protocols, stigmatization and discrimination by coworkers, and intensive case management. HIV infection and drug abuse may require the review and revision of current personnel policies to meet Federal and State regulatory requirements. Both topics need the commitment and support of senior management to ensure that the workplace responds in a compassionate and rational manner to these sensitive and complex health issues.

Another parallel is in the willingness of employers to face problems affecting employees and to move to action. In the early 1980s, inquiries to NIDA from employers about drug programs were quiet, anonymous, and tentative; now inquiries are on how to help, not on whether it is appropriate or desirable to help.

ISSUES ADDRESSED BY THE NIDA WORKGROUP

Economic Impact

The impact of HIV infection on the American workplace in work disruption, employee morale problems, discrimination, costly litigation, lost productivity, and extraordinary dollar expenditures for insurance benefits is already a major concern for many businesses. Over 10 percent of the 2,008 companies responding to a recent survey by Alexander & Alexander Consulting Group (1987) had at least 1 employee with AIDS. The average total cost for benefits per case were $47,202 for medical benefits, $11,285 for long-term disability benefits, and $44,363 for death benefits.

The total annual cost, based on projections of 172,800 AIDS patients at any one time during 1991 and a 20-percent adjustment for underreporting, is estimated to be $66.4 billion: $8.5 billion for personal medical expenditures, $2.3 billion for nonpersonal expenditures, and $55.6 billion for indirect costs (Scitovsky and Rice). Estimates of the economic impact of the AIDS epidemic to employers could be more than $55 billion in 1991, taking into account the indirect cost of lost wages as a result of illness and disability and the loss of future earnings as a result of premature death (Backer 1988). The loss of future productivity is expected to be substantial because the disease strikes mainly young adults in their most productive years.

The rapidly escalating increases in the cost of health, disability, and life insurance was the most significant economic issue identified by the NIDA workgroup. The task for employers will be to manage the cost of insurance in a way that does not reduce the level of benefits for persons with AIDS and meets the needs of all employees and resources of the employer. Businesses can be expected to implement cost-containment strategies to minimize the impact of HIV-related services and benefits. These strategies will include the development of case management options, the utilization of hospice and home health care services, and the development of self-funding health insurance mechanisms with stop-loss insurance protection.

These strategies, however, are usually alternatives available only to larger businesses. Small businesses will be confronted with the dilemma of reducing or entirely eliminating health benefits as insurance premiums continue to increase. The initiation of risk-pooling strategies, where large businesses share the responsibility and financial liability for providing health benefits to employees of small businesses, will be explored more often throughout the country. This strategy may allow small businesses to negotiate for more extensive health insurance benefits at reduced premiums.

The increasing cost of insurance benefits may drive small and large businesses to implement screening procedures to identify high-risk individuals. This includes individuals at risk for increased utilization of health care services as a result of both substance abuse and HIV infection. Employers may conclude that an employee at risk for substance abuse-related problems is also an added risk for HIV infection and may initiate screening programs to minimize the potential impact of both health problems.

Small Businesses

All local and national surveys to assess AIDS workplace policy and education programs indicate that small businesses are the least likely to develop program initiatives. Because the majority of Americans are employed in small businesses, the need to develop resources and the capacity of small businesses to respond effectively to AIDS in the workplace is critical. For many small businesses, the fiscal resources to respond in a proactive manner to AIDS are not available; and in many cases, the reaction to the first AIDS case is to dismiss the employee. The major issue for many small businesses is the cost of insurance benefits. Many small businesses are finding it increasingly difficult to maintain a financially viable operation and provide adequate health insurance coverage for employees. In addition, the occurrence of even one AIDS case in the workplace can result in an increase of insurance premiums beyond the resources for the small business person.

The impact of AIDS in a small business where all the employees often know each other can be a complex and challenging task to manage effectively. The majority of small businesses often do not have the resources, time, and capacity to develop an appropriate policy, provide employee education, and train supervisors to deal

with AIDS issues. The consensus of the NIDA workgroup was that specific initiatives need to be developed to address the concerns of small business organizations. The development of consortium models, where small business owners are able to share the resources of large businesses in a geographic region or utilize the services of community-based organizations, is perhaps the only strategy that is cost effective.

Employee Assistance Programs

The workgroup concluded that employee assistance programs can provide several services with respect to HIV/AIDS in the workplace: confidential counseling to employees with AIDS regarding treatment resources, psychological counseling, company policy, and personal relationships; individualized counseling to employees without AIDS who may be troubled about the risk of contracting AIDS in the workplace; advocacy for resources for people with AIDS regarding availability to employee benefits and public/social services; facilitation of an enlightened corporate policy toward employees who have AIDS; and assistance in or direct employee educational campaigns to provide realistic information to employees and their families about the risk of AIDS/HIV infection.

In all of these areas, EAPs must play a stronger role than they have in the past. There have been several outstanding examples of EAP leadership in addressing workplace HIV infection issues, but not all EAP providers have recognized AIDS as a high priority or given it the appropriate professional attention or support. The appropriate role of a contemporary EAP in the growing HIV epidemic is still being decided. Many EAP staff are not prepared and trained to deal with all the complex and sensitive AIDS/HIV-related issues in the workplace. AIDS-specific inservice and preservice training programs are needed for EAP professionals to manage HIV-related issues in the workplace.

On the other hand, expectations about the role and capacity of EAPs to respond effectively to HIV issues in the workplace may be unrealistic. Only 30 percent of companies have in-house EAP services available to employees. With over 70 percent of companies contracting for outside EAP services, it may be inappropriate to expect the EAP to manage the sensitive and violative issues related to supervi-

sory training, employee education, employee counseling, and referral to appropriate community agencies.

Many small and medium-size companies are unable to appropriate the financial resource to contract for EAP services. The development and utilization of consortium models may provide an alternative strategy to meet the needs of small business organizations.

A final question raised by the panel concerned the ability of EAP staff to remain client advocates for persons with AIDS or HIV infection as the economic impact of the illness continues to increase. Increased medical care costs may encourage management to be less supportive of EAP services to persons with HIV infection. A critical role of EAPs is to educate management on the need for a proactive approach to the issue and the use of alternative treatment resources such as case management, hospice, and home health care services.

Intervention Strategies

A model intervention strategy to address issues related to AIDS in the workplace includes policy development, employee education, and supervisory training. These three elements provide the foundation to respond in a proactive manner to human resource, legal, medical, and labor-relations issues. The workgroup concluded that valuable lessons have been learned about dealing effectively with drug abuse and other health-related problems in the workplace, and these are applicable to managing AIDS workplace issues.

Joint participation from union and management representatives enhances the quality and effectiveness of program initiatives. Intervention strategies that are tailored and targeted to specific employee groups are the most effective. This is best accomplished by including employees in the design and delivery of program components. The development of intervention strategies must consider employee demographic characteristics such as age, sex, ethnicity, and literacy levels. Particular attention needs to be focused on the sensitive issues of sex, drug abuse, and death related to AIDS. The considerable denial and fear regarding AIDS/HIV-related issues must be addressed in all intervention strategies. Preventing the stigmatization associated with AIDS/HIV infection must be a central focus of all policy and educational programs.

Intervention strategies need to have realistic expectations and outcomes. It is unreasonable to assume that a 90-minute educational

program will have a significant impact on behavior related to sexual practices and drug abuse. Both environmental and social support mechanisms are needed to facilitate and maintain behavior change related to HIV/AIDS. The AIDS education program must be viewed as an ongoing and dynamic process with resources made available for annual employee education activities.

Intervention strategies need to address not only employees at the workplace but also family members, especially children. This may include the opportunity for family members to participate in an education program at the workplace or the development of appropriate materials for employees to bring home to their families. Experience with current AIDS in the workplace programs indicates that many employees are very concerned with the topic of AIDS as it relates to their teenaged children. This can be a valuable "trigger point" to attract the attention and commitment of employees to AIDS/HIV issues.

Workplace intervention strategies should use the resources of community-based organizations and local experts in HIV education, including local health departments, hospitals, academic institutions, and other community groups. Specifically, the American Red Cross, United Way, and local Chambers of Commerce have all developed AIDS in the workplace programs that are available to local business organizations. The ability to coordinate workplace AIDS intervention strategies with community organizations enhances the utilization of scarce resources.

Intervention strategies aimed at HIV-related issues in the workplace need to have clear and measurable goals. These goals and objectives will guide the development of employee education and supervisory training efforts. Clear goals and objectives will also enhance the ability to measure and evaluate the outcome of program efforts. This outcome evaluation is critical for documenting the cost effectiveness of HIV policy and education programs and sharing the most cost-effective approaches with other businesses.

One of the most important elements of any intervention strategy is the need to personalize and humanize the educational experience. Educational and intervention strategies that focus solely on the medical or epidemiological aspects of the HIV epidemic are likely to be less effective than those that include an affective component. Educational experiences need to be designed to focus on the attitudes and values that individuals have regarding the HIV epidemic and to put a face on the 100,00 cases that are reported by CDC. The

humanization of the AIDS epidemic, through appropriate educational interventions, is critical to influencing employees' behavior.

Barriers to Developing Workplace Initiatives

The NIDA workgroup examined specific barriers to the development and implementation of AIDS/HIV initiatives in the workplace. The majority of employees and employers in the United States still perceive AIDS to be somebody else's problem. The motivation to respond to HIV infection in the workplace is almost always triggered by the first case of AIDS. Until the problem confronts them directly, employers are reluctant to move toward either policy or education initiatives.

Employers' reluctance is based on a variety of reasons. Health promotion and disease prevention programs often receive little support among American employers. The competing demands of a variety of health-related issues such as child care, drug abuse, occupational safety, and injury control often push the topic of AIDS farther down the corporate agenda. AIDS is considered by many employees to be last year's issue, replaced by the impact of drug abuse in the workplace. The social stigma associated with AIDS, because of its identification with gay/bisexual men and IV drug users, has made employers reluctant to taken on the AIDS issue. In addition, ignorance, fear, and prejudice are fueled by homophobic reactions to the AIDS epidemic.

Many employers feel that public education has addressed the issue and that such a sensitive topic as AIDS, which involves drugs, sex, and death, is out of bounds or inappropriate for discussion in the workplace. In general, traditional workplace health promotion and disease prevention initiatives have not focused on sex-related issues such as sexually transmitted diseases or unwanted pregnancy. The topics of sex, drugs, and death challenge business and union leaders to confront very personal issues.

Interface of HIV Infection and Drug Abuse

The impact of HIV infection and drug abuse in the workplace has several significant implications. The dual stigma of AIDS and drug addiction may lead to further cases of discrimination, violations of

confidentiality and privacy, and increased demands for preemployment screening programs. Managers and coworkers may be alienated and less apt to respond in a humanistic and compassionate manner. With an increase in HIV transmission through intravenous drug abuse, employers may move to increased drug screening in hopes of eliminating potential cases of HIV infection.

A major concern for several workgroup participants was the impact of lower impulse control as a result of substance use on behaviors that directly put individuals at risk for HIV infection. This includes not only the use of intravenous drugs, which is a major mode of transmitting HIV infection, but also impaired judgment concerning high-risk sexual behavior as a result of alcohol, marijuana, and other drug use. Lowered impulse control as a result of any substance use may increase the possibility of HIV transmission by both sharing of needles and unprotected sexual behavior.

The emerging epidemics of HIV infection and drug abuse in the workplace may result in competition for scarce human resource dollars for prevention and treatment programs. Resources for employee education and supervisory training programs will be taxed as HIV infection and substance abuse place additional demands on limited dollars. AIDS and substance abuse program activities may be in direct conflict with several other health issues such as smoking, child care, cancer control, and cardiovascular risk reduction programs.

The dual problems of HIV infection and substance abuse may have a substantial impact on health care cost containment strategies. Treatment of both AIDS and drug addiction often requires substantial health care expenditures. Faced with continually rising health insurance premiums, employers may be driven to increase preemployment screening as a way to reduce their risk of HIV infection through potential substance abuse intravenous transmission.

Evaluation

The workgroup identified several critical topics that need to be addressed concerning evaluation efforts. Evaluation strategies that measure the cost effectiveness of AIDS intervention programs must be developed immediately. Businesses need to know what works best for the least cost. Can an AIDS in the workplace program be effective without a comprehensive approach addressing policy development,

employee education, and supervisory training? What types of programs and strategies are most effective for small, medium, and large companies? Given the limited resources and time available to address AIDS in the workplace issues, what are the critical components of an effective AIDS education program? What are realistic expectations for AIDS education programs in the workplace? Is the goal of AIDS intervention strategies in the workplace HIV risk reduction, cost containment, minimizing litigation, or reducing employees' fears, as well as maximizing productivity? A major difficulty in evaluating AIDS education initiatives is the lack of a clear and definitive statement of the specific goals and anticipated outcomes for current AIDS in the workplace intervention strategies.

Evaluation research that utilizes collaboration among businesses, community-based organizations, and the academic community is critically needed. Evaluation efforts need to address both the content and the process of AIDS in the workplace programs. The ability of evaluation efforts to measure the actual cost and dollar benefits of implementing AIDS in the workplace strategies is critical to convincing other business and union groups to implement AIDS programs.

Future Issues

The medical treatment of HIV disease and the number of new AIDS cases expected in the next several years have significant implications for the management of HIV in the workplace. Because of treatments like zidovudine (AZT) and other antiviral agents, patients will live longer and follow a lengthy course of recovering and relapse. This will pose new obstacles in the workplace, and the medical management of HIV may become a more costly and complex issue. As AIDS moves from a fatal to chronic disease status, more and more persons with AIDS will continue to work for longer periods of time, requiring various types of worksite accommodations. Supervisors and managers will be challenged to develop appropriate responses to requests for an increasing number of individuals with HIV illness. We can expect reasonable accommodation requests to increase as new chemotherapy protocols are developed to extend the life expectancy of individuals with AIDS.

Many more supervisors in the workplace will confront the need to manage issues related to dying. The appropriate management of

grief, death, and bereavement will become an increasingly important factor as the next wave of AIDS deaths increases dramatically in the 1990s. The potential disruption to workplace productivity and employee morale will require a systematic and sensitive response to coworkers as well as employees with AIDS and their family members. Several major corporations have already developed support groups that meet at the worksite for persons with AIDS, and now the groups have been extended to include family members.

Future shifts in the populations affected by the HIV epidemic will require the development of better targeted educational initiatives. Cases among heterosexuals, intravenous drug users, women, children, blacks, and Hispanics will continue to increase in the 1990s. Policies and educational programs to address these shifting demographic characteristics will become critical to the effective management of HIV issues in the workplace. The development of culturally sensitive materials, as well as particular attention to the literacy level of employees, will require careful attention.

These changes in the medical management and shifting demographics of the HIV epidemic bring a potential for increased discrimination, anger, fear, and racism associated with the epidemic. There may be a backlash toward employees with AIDS as a result of the reasonable accommodation requests that will be increasing in the future. A similar reaction may also result from employees over the increased cost of insurance benefits or the reduction of insurance benefits available to employees. Coworkers may relate increases in cost or decreases in benefits directly to employees with AIDS. In addition, as more cases of intravenous drug abuse are associated with transmission of the virus, and consequent increases in AIDS, the stigmatism associated with AIDS may also increase. The issue of racism may also become important as more Hispanics and blacks are affected by the HIV epidemic.

With increasing numbers of employees likely to be HIV infected and the associated impact on insurance benefits, businesses may begin to exclude individuals infected with HIV. A less humane and dignified response to the epidemic may take place, and more distancing from individuals with HIV may occur in the future.

The workgroup discussed various options or incentives for businesses to address HIV infection in a proactive and compassionate manner. Employers can negotiate with insurance carriers to provide appropriate cost containment strategies such as case management, hospice, and home health care services. Many insurance benefits

programs do not currently provide these options and restrict services to hospitalization reimbursement only. An additional strategy for health insurance carriers would be financial incentives for HIV education programs in the workplace—employers who implement HIV education programs reduce the risk of future HIV infection among employees and thereby reduce potential health care claims. A similar practice is currently in place for businesses that provide smoke-free workplaces or hire only nonsmokers. Members of the workgroup suggested that tax incentives for providing AIDS education and services to employees should be explored.

RECOMMENDATIONS

The panel identified specific research issues that need to be addressed concerning HIV intervention projects in the workplace. Three basic questions still need to be answered:

- What interventions are actually delivered?
- Do the interventions make a difference?
- What interventions or variations work better?

Each of these evaluation/research questions engenders further questions on how credible evidence can be produced, the resources required to produce that evidence, and the methodological problems that affect evidence quality. The evaluation of AIDS intervention programs is not an easy task; it will take time, and it will also require a long-term commitment of effort and resources. Because the environment in which these programs is implemented is constantly changing, and because prevention may require long-term behavioral changes, it is inappropriate to view program design, implementation, and evaluation as short-term or one-time events.

A descriptive typology of the HIV workplace intervention programs that are currently in place is critically needed. Specific independent and intervening variables that need to be considered include geographic location, employee demographics, company size, knowledge and attitudes of senior management, fiscal resources allocated to intervention efforts, and previous corporate experience with other health promotion program initiatives.

The workgroup provided several specific recommendations to facilitate addressing AIDS in the workplace. Funding resources need to be available for demonstration and research projects to evaluate the effectiveness of current AIDS in the workplace efforts. Collaboration between researchers and small businesses needs to be enhanced to develop applied research methodologies. Case studies of success-

ful and unsuccessful efforts to address AIDS policy, supervisory training, and employee education need to be developed as soon as possible.

Regional demonstration projects that investigate the development of consortium models that partner community, business, labor, and EAP resources need to be initiated. Leadership capability is critically needed at the local level to increase the number of businesses that respond in a proactive manner to the HIV epidemic.

The changing demographic and treatment implications of HIV infection require the investigation of how HIV and drug abuse will affect the workplace in the near future. With an increasing number of persons with AIDS living for a longer period of time and the increasing numbers of individuals with drug abuse problems in the workplace, the economic, social, and legal impact of these changes need to be studied. Implications for policy, employee education, and supervisory training require that the dual epidemics of drug abuse and HIV/AIDS be addressed in a comprehensive strategic plan.

Human resource and EAP professionals need additional training to manage the complex and sensitive issues related to HIV infection in the workplace. The majority of American workplaces are not prepared to respond and effectively manage the medical, legal, insurance, psychosocial, and economic issues surrounding an employee with AIDS or HIV infection. Compounding this situation is the impact of substance abuse, with direct and indirect implications for HIV infection. The workplace needs professional staff to plan, implement, and evaluate both HIV/AIDS policy and education interventions. A mechanism to prepare managers for these critical workplace issues is not available. Academic, staff training, and professional development opportunities needed to be created to meet the demand for the 1990s.

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RESOURCES

These organizations can provide additional information on AIDS in the workplace.

AMERICAN FOUNDATION FOR AIDS RESEARCH (AmFAR)
1515 Broadway, 36th Floor
New York, NY 10036
212-333-3118

AMERICAN RED CROSS NATIONAL HEADQUARTERS
AIDS Education Program
17th and "D" Streets, N.W.
Washington, DC 20006
202-639-3223

NATIONAL LEADERSHIP COALITION ON AIDS
1150 17th Street, N.W., Suite 202
Washington, DC 20036
202-429-0930

NATIONAL AIDS INFORMATION CLEARINGHOUSE
P.O. Box 6003
Rockville, MD 20850
800-458-5231

NATIONAL CLEARINGHOUSE FOR ALCOHOL AND DRUG INFORMATION
P.O. Box 2345
Rockville, MD 20852
301-468-2600

APPENDIX A
CORPORATE INITIATIVES

The Business Leadership Task Force of the Bay Area, located in San Francisco, CA, is an affiliation of senior business officers of major northern California corporations organized to inform other organizations about effective methods for dealing with the AIDS epidemic in the workplace. Fellows of the CORO Foundation accepted the assignment of surveying companies with experience in this area and produced a manual summarizing the findings. At the same time, the San Francisco AIDS Foundation, with financial support from major corporations, developed materials to motivate management in both the public and private sectors to implement AIDS education in the workplace. To disseminate the resulting information and publications, the task force sponsored a major conference on AIDS in the workplace for corporate management on March 21, 1986. The new materials were presented, and the San Francisco AIDS Foundation currently markets these materials.

The Orange County Business Leadership Task Force on AIDS and Alcohol and Drug Abuse brought together senior level managers from major corporations in southern California to develop a manual for business and industry to assist them in developing workplace education programs. The Pacific Mutual Companies coordinated and staffed the development of the manual and provided for the distribution of over 10,000 copies throughout the United States. *Facilitating AIDS Education in the Work Environment* is a thorough how-to manual to show employees the basics in operating an AIDS education program. It includes samples of company newsletters, memos, and evaluation forms. Other sections cover facts about AIDS, common questions, listings of available educational and community resources, and other suggested readings. A revised edition, *AIDS Education: A Business Guide*, is now available from the National AIDS Information Clearinghouse.

The New England Consortium for AIDS Education was founded by nine New England corporations to develop and produce AIDS

education materials. The consortium hopes to benefit businesses by reducing the costs of obtaining and developing their own educational materials. Other objectives are to provide a service to businesses that have few financial resources and to deliver a strong message to the business community and the community at large that AIDS must be dealt with by businesses and that major corporations in the greater Boston, MA, area are willing to accept the responsibility. The Boston AIDS Action Committee, with funding from The United Way, has established an "AIDS Education at Work" program using the consortium materials. Three full-time staff are available to provide technical assistance, consultation, and training services to businesses in the New England area.

The National Leadership Coalition on AIDS (NLCA) was formed in 1987 by representatives of business, national voluntary health care education organizations, and labor, gay, and religious groups. With over 150 members, NLCA is supported by membership dues, corporate and private foundation grants, and a few contracts. NLCA has three objectives: to increase public and private sector collaboration on AIDS, to improve business and labor response to AIDS, and to encourage a balanced and uniform consideration of public policy issues affected by AIDS. NLCA was launched with the conviction that no single segment of society can marshall the resources required to resolve the fears and carry the burden of coping with the AIDS epidemic. It endeavors to increase collaboration and promote cooperation from all kinds of organizations to resolve collectively this costly and painful challenge. It has been responsible for coordination and facilitation among those already active in the AIDS program and those needing guidance and direction in getting started. They have convened strategic meetings of decisionmakers to consider the most pressing priorities and long-term strategies and to connect critical factors in the United States. Their activities have included assistance to local business organizations, cosponsorship of public broadcast system and national videotape conferences in the workplace, publication and distribution of brochures to workers, and development of workplace principles as well as assistance in development of the Allstate report.

The Allstate Forum on Public Issues is an initiative funded and underwritten by the Allstate Insurance Company. It is designed to further action on issues of major importance to American society. The first national conference focused on AIDS in the workplace and was designed to help American businesses to understand and cope

with the complex array of questions surrounding AIDS. The result of the forum was the development of *AIDS: Corporate America Responds*, a 98-page report developed by task forces created at the Allstate forum. The task force members included both corporate executives and executives of nonprofit organizations. Six sections outline important issues that corporations and labor organizations need to address in developing AIDS policies and educational programs.

The human resources section focuses on the development of policy and procedure, the varied methods of educating employees, and the processes successfully used in dealing with afflicted employees. The medical/health services section deals with medical facts surrounding AIDS and an examination of the medical management issues. Another section examines how corporate citizens can influence governments to be more responsive to the AIDS crisis and how business can act on its own initiative. A review of legal issues that apply to corporate policies and procedures is included as well as analyses of eight questions relating to AIDS. Guidelines are provided to assist companies in planning and implementing accurate and timely communications based on corporate needs, concerns, and actions. The section on corporate philanthropy recommends ways in which corporate contribution programs can make a difference in the AIDS crisis. Copies are included of corporate policies from Levi Strauss, Pacific Gas & Electric Company, and Wells Fargo. A unique community perspective, suggesting guidelines for the business community, is offered by the San Francisco Chamber of Commerce.

The U.S. Chamber of Commerce Board of Directors has adopted a policy statement on AIDS that urges members to engage in educational efforts on AIDS and to consider the adoption of policies on catastrophic illnesses. The Chamber is publishing a book, *AIDS, An Employers Guidebook*, that focuses on providing small businesses, local Chambers of Commerce, and other trade associations with necessary information on AIDS. Seminars on AIDS in the workplace will be offered to both local and State organizations.

APPENDIX B
UNION INITIATIVES

The Services Employees International Union (SEIU), AFL/CIO-CLC, represents 925,000 service workers in the public and private sectors. The membership includes 275,000 health care workers in hospitals, nursing homes, blood donor facilities, medical laboratories, and home health care. SEIU also represents 450,000 public workers in Federal, State, and local government jobs ranging from park workers to health care workers and technicians to police and corrections officers who might be exposed to blood, blood byproducts, bodily fluids, needle sticks, and cuts from other sharp objects. The union has provided scores of seminars reaching thousands of local union leaders and workers, negotiated infectious disease contract language, and assisted in developing workplace policies.

A dearth of worker-oriented educational materials convinced the union to produce several educational materials and programs themselves. Over 300,000 copies of the pamphlet *AIDS and the Health Care Worker* have been distributed. *The AIDS Book: Information for Workers* provides a comprehensive overview of the issues confronting health care workers and the AIDS epidemic. It is an outstanding resource that is vital in educating the union membership about the need both to take proper cautions and to calm exaggerated fears. The 65-page book provides answers to 20 common questions union members may have regarding AIDS transmission and risk of AIDS infection in the workplace. The book also describes the union's role in addressing AIDS in the workplace.

The United Auto Workers and the Ford Motor Company have sponsored a joint project that brings together both union and company representatives to address the AIDS issue for Ford Motor Company employees. Through the employee assistance program, the joint effort involved planning, developing, and implementing an AIDS education program for 200 union and company employee assistance specialists.

The United Auto Workers/General Motors (UAW/GM) developed a very extensive AIDS information program and established a joint task force to study the social and economic dimensions of the AIDS epidemic and to determine the potential impact on General Motors employees and their families. The task force recommended that in the absence of a cure or preventive vaccine for AIDS, the best defense is education. During the national negotiations, General Motors and the United Auto Workers incorporated contractual language into the 1987 "Memorandum of Understanding on Health and Safety" providing for a comprehensive employee education program. The resolution reads as follows:

> Recognizing the potential impact on a work force the size of General Motors and in response to the need for awareness of elements associated with the Acquired Immune Deficiency Syndrome (AIDS) the providers have formed a task force to devise an informational awareness campaign that would be implemented following these negotiations.

The two principal objectives of the UAW/GM AIDS education program are to provide General Motors employees and their families with a science-based explanation of the nature of the AIDS disease and how it is and is not transmitted; and to prepare those support functions, employee assistance personnel, medical personnel, and others to assist with the needs of HIV-positive employees and their families. An excellent resource outlining this project is the UAW/GM joint administrative survey that was published by the UAW/GM human resource center in Madison Heights, MI.

The AIDS Labor/Education Project sponsored through the Labor Occupation Health Program Institute, Industry Relations, University of California, Berkeley, provides an extensive AIDS education program for union members that addresses basic AIDS information. A program manual is being prepared that will be available for other unions.

APPENDIX C
FEDERAL INITIATIVES

The U.S. Office of Personnel Management, the Federal Government's personnel department, issued "AIDS in the Workplace" guidelines in March 1988 to assist Federal agencies in establishing AIDS education programs and properly handling AIDS-related personnel matters. The guidelines state that HIV-infected employees should be allowed to continue to work as long as they are able to maintain acceptable performance and do not pose a safety or health threat to themselves or others and the HIV-infected employees should be treated in the same manner as employees who suffer from other serious illnesses. The guidelines also encourage the implementation of both employee education and supervisory training programs. These guidelines are currently being implemented by individual Federal agencies.

The U.S. Office of Personnel Management Training and Development has developed a comprehensive training guide entitled "AIDS in the Workplace: A Module for Supervisors and Managers." The overall purpose of the module is to enable Federal supervisors to respond to employee concerns and other issues relating to AIDS in the workplace with sensitivity and compassion and to make appropriate personnel management decisions to resolve such issues effectively. This 3-hour module includes a participant workbook, lesson plan outlines, and selected training exercises.

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